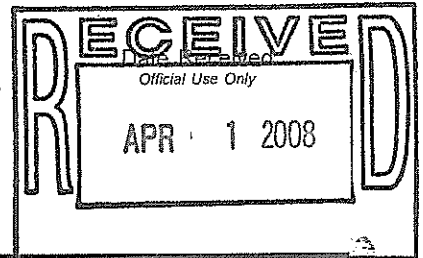


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document



Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Bonner	Dale	E.	(916) 323-5401
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
980 9th Street, Suite 2450	Sacramento	95814	916-323-5402 fax
			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Business, Transportation and Housing Agency
Division, Board, District, if applicable:
Your Position:
Secretary
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency: see attached
Position:

2. Jurisdiction of Office (Check at least one box)

- ☒ State
☐ County of _____
☐ City of _____
☐ Multi-County _____
☐ Other _____

3. Type of Statement (Check at least one box)

- ☐ Assuming Office/Initial Date: ____/____/____
☒ Annual: The period covered is January 1, 2007, through December 31, 2007.
-or-
☐ The period covered is ____/____/____, through December 31, 2007.
☐ Leaving Office Date Left: ____/____/____
(Check one)
☐ The period covered is January 1, 2007, through the date of leaving office.
-or-
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate

4. Schedule Summary

- Total number of pages including this cover page: 6
Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)
Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)
Schedule B ☐ Yes - schedule attached
Real Property
Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D ☒ Yes - schedule attached
Income - Gifts
Schedule E ☐ Yes - schedule attached
Income - Travel Payments
-or-
☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 25, 2008

Signature [Signature]
File the originally signed statement with your filing official.

**Secretary of the Business, Transportation and Housing Agency
Commissions, Boards and other State Agencies**

California Coastal Commission
Melanie Wong
45 Fremont Street, Suite 1900
San Francisco, California 94105-2219

California Fiscal Recovery Financing Authority
Department of Justice
Ms. Molly Arnold
1300 I Street, Suite 125
P. O. Box 944255
Sacramento, California 94244-2550

California Housing Finance Agency
Ms. JoJo Ojima
1415 "L" Street, Suite 500
Sacramento, California 95814

**Grand Avenue Joint Powers Authority Board of
Directors**
Ms. Karen A. Lichtenberg
County of Los Angeles
648 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012-2713

Managed Risk Medical Insurance Board
Ms. Laura Rosenthal
1000 G Street, Suite 450
Sacramento, California 95814

**San Francisco Bay Conservation and
Development Board**
Ms. Ellen Sampson
50 California Street, Suite 2600
San Francisco, California 94111

Technology Services Board
Ms. Betty Hickerson
P. O. Box 1810
Rancho Cordova, California 95741-1810

**California Infrastructure and Economic
Development Bank**
1001 "I" Street, 19th Floor
Sacramento, California 95814

**Secretary of the Business, Transportation and Housing Agency
Commissions, Boards and Other State Agencies
(Continued)**

**Small Business Development Program and
State Assistance Fund for Enterprise Business and
Industrial Development Corporation (SAFE-BIDCO)**

Mary Jo Dutra
President, Chief Executive Officer
1377 Corporate Center Parkway, Suite A
Santa Rosa, CA 95407

California Science Center

Jeffrey N. Rudolph
700 State Drive
Los Angeles, CA 90037

California Travel & Tourism Commission

Matthew Sabbatini
980 9th Street, Suite 480
Sacramento, CA 95814

Do not attach brokerage or financial statements.

Dale E. Bonner

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Dale E. Bonner

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Epstein Becker & Green, P.C.	NAME OF SOURCE OF INCOME Epstein Becker & Green, P.C.
ADDRESS 1875 Century Park E. #500, Los Angeles, CA 90067	ADDRESS 1875 Century Park E. #500, Los Angeles, CA 90067
BUSINESS ACTIVITY, IF ANY, OF SOURCE Law Firm	BUSINESS ACTIVITY, IF ANY, OF SOURCE Law Firm
YOUR BUSINESS POSITION Attorney (for employment January-February 2007)	YOUR BUSINESS POSITION Attorney
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input checked="" type="checkbox"/> Sale of <u>ownership interest in professional corp.</u> (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)

2. LOAN RECEIVED		
* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:		
NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____% <input type="checkbox"/> None	_____
ADDRESS _____	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Dale E. Bonner	

➤ NAME OF SOURCE
California Chamber of Commerce

ADDRESS
1215 K Street, Suite 1400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Canada Trade Mission

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 29 / 07	\$ 68.25	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

➤ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____